Declaration

DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)

Declaration

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	Attorney Docket Number		960296.99047			
	First Nam d Inv nt r		David Charles Schwartz			
	COMPLETE IF KNOWN					
	Application Number	60/419,884				
I	Filing Date	October 18, 2002				
	Art Unit					
	Examiner Name					

Submitted after Initia Submitted Filing (surcharge with Initial (37 ČFR 1.16 (e)) Filing required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Micro Fluidic System for Single Molecule Imaging (Title of the Invention) the specification of which is attached hereto 10/18/2002 as United States Application Number or PCT International was filed on (MM/DD/YYYY) Application Number 60/419,884 and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuationin-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed Priority Certified Copy Attached? **Prior Foreign Application Foreign Filing Date** Country Number(s) (MM/DD/YYYY) **Not Claimed** YES NO

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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer Nun	nber 2	7114		OR .	Correspondence address below		
Name								
Address								
Address			<u>.</u>					
City				State		ZIP		
Country	1	Telephon	e			Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:								
Given Name David Charles (first and middle [if any])			Family Name Schwartz or Surname					
Inventor's Signature Date								
Residence: City Madison			State WI		U.S.	Citizenship U.S.		
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City Madison	State Wiscon		nsin ZIP		3705	Country U.S.		
NAME OF SECOND INVENTOR:			_			ed for this unsigned inventor		
Given Name Eileen T. (first and middle [if any])			Family Name Dimalanta or Surname			a		
Inventor's Signature Date								
Residence: City Madison			State WI		Country U.S.	U.S.		
Mailing Address								
Mailing Address 1323 Spring Street, #2								
City Madison State Wisconsin			ZIP 53706			U.S.		
Additional inventors are being named on the _1supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.								

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname				
Juan J.	de	de Pablo					
Inventor's Signature				Date			
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Mailing Address							
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City Madison	State W	11	ZIP 53705	Countr	y U.S.		
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Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature Date							
Residence: City	nce: City State		Country		Citizenship		
Mailing Address							
Mailing Address							
City			ZIP Co		ntry		
			1 20	1 000			
Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature				Date			
Residence: City			Country		Citizenship		
Mailing Address							
Mailing Address							
City			ZIP	Co	untry		